



Work-related stress at different hierarchies

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Background

The workforce shortage among health professionals is an acute issue worldwide. A high level of work-related stress is a key reason for health professionals' increasing absenteeism (e.g. due to burnout), job dissatisfaction or their intention to leave the profession prematurely. Leaders of healthcare organisations play a key role, as their behaviour has the potential to influence the perceived level of work-related stress among their employees. However, previous study results revealed also higher levels of demands at work among leaders. In order to effectively reduce work-related stress at all hierarchies, it is important to know the extent of work-related stress at various management levels.

Research Question / Aim

This study aimed to determine the extent of stress at work among health professionals working in upper, middle and lower-management positions and those not working in management positions.

Method / Procedure

The design was a prospective, cross-sectional study conducted in Swiss acute care hospitals, rehabilitation and psychiatric hospitals, nursing homes and home care organisations. The study is part of the national STRAIN project "Work-related stress among health professionals in Switzerland", a cluster-randomised study. For this study, healthcare organisations were randomly selected from all hospitals, nursing homes, and home care organisations registered from the Swiss Federal Statistical Office in 2016. The study sample consisted of 164 organisations, included nursing staff and midwives, physicians, medical-technical and medical-therapeutic professionals at all hierarchical levels (N=8,112). Data was collected using self-report questionnaires and analysed using multiple regression models.

Results

Health professionals in upper and middle-management positions reported higher quantitative demands, severe work-private life conflicts ($p < 0.05$) as well as less role clarity in middle-management positions ($B = -1.58$, $p < 0.05$). In lower-management positions, health professionals reported higher physical ($B = 3.80$, $p < 0.001$) and emotional demands ($B = 1.79$, $p < 0.01$), stress symptoms ($B = 1.81$, $p < 0.05$) and lower job satisfaction ($B = -1.17$, $p < 0.05$). Health professionals without management responsibilities reported the poorest working conditions in relation to various stressors, job satisfaction ($B = -5.20$, $p < 0.001$) and health-related outcomes (e.g. burnout-symptoms: $B = 1.89$, $p < 0.01$).

Discussion

The main finding indicates that work stressors, along with their long-term consequences, are experienced to a larger extent among health professionals at lower-management levels, and especially among those without management responsibilities. This overall tendency corroborates previous study results and might be explained by the fact that leaders reported having a higher degree of control and, in general, had a more positive perception of their working conditions than did their employees. Comparability with other study results is, however, limited, as many studies presented results for managers in total, and did not distinguish between different management levels or different demands at work. Moreover, most potentially comparable studies were conducted among leaders in various industries and are not specific to health professionals.



Conclusion

Our results imply that effective prevention and reduction of stress at work is important at all management levels. However, since individual stressors at work seem to differ markedly between the hierarchical levels, it is essential to look at each management level separately, in order to develop and implement appropriate interventions.